Recollections of Dr. Robert P. Dobbie. U.S. Navy medical officer who served in Korea. Dictated summer 1994. Conducted by Jan K. Herman, Historian, Navy Medical Department.

I entered the Navy as an apprentice seaman and retired in April of 1969, as a captain in the Medical Corps. I am now in a full retired status. I am in my 71st year.

I was born and raised in Buffalo, NY, and was the only son of a surgeon who had served in World War I as an army officer stationed in Germany. I graduated from high school about 10 days before my 17th birthday, and in the fall of 1941, I entered the University of Michigan for my undergraduate study.

Upon entry, I joined the Army ROTC and advanced from private to sergeant over the ensuing 9 months. As everyone knows, for the United States World War II began on 7 December 1941. I was very anxious to join the service, but at the same time thought I would be more valuable if I had a college education.

At that time there were a number of military college education programs and the one that I was particularly interested in was the Army program called, "The Enlisted Reserve Corps." They promised that I could finish my college education and then be commissioned as a second lieutenant in the Army. Since I was already in the Army ROTC, I thought this would be a fine way to proceed.

As I had my papers in hand going across campus to turn them in to join the Enlisted Reserve Corps the headlines of the *Michigan Daily*, which was the school newspaper, announced that the Enlisted Reserve Corps had been called up to active duty and everyone who was in the Enlisted Reserve Corps was required to march down to the train station on the following day and be taken off to someplace for further military training.

I tore up my application for the Army Enlisted Reserve Corps and decided that perhaps I might do better in one of the Navy programs. The Navy at that time had several programs, V-1, V-7 and V-12. I initially joined V-1 in November of 1942. V-7 was the Navy Air Corps Training Program and I was never part of that, but as I finished my undergraduate education and entered medical school, I was required to accept a commission as ensign H(VP) in the Navy and held that illustrious rank for 1 day. Immediately I was required to resign and join the V-12 program which was the Navy's program for advanced medical school education.

While in the V-1 program I was an apprentice seaman and wore, with great pride, the uniform of the Navy enlisted man. We lived in barracks. Or I guess they were called, dormitories of the University of Michigan. We paraded and drilled and went through obstacle courses along with our regular academic undergraduate school work.

I initially went to the University of Michigan under the combined curriculum program whereby I would have 3 years of pre-medical work and 4 years of medical schools and be awarded both an A.B. and M.D. degree at the end of that program time. When war was declared we all went to school year-round. So, the bottom line was that I completed 7 years of education in 5 years time. I graduated with both my A.B. and M.D. degrees in December of 1946.

While in medical school and in the V-12 program we were allowed to live anywhere on campus and we wore midshipmen's uniforms, which were essentially the same as officer's uniforms but without the officer's striping. With the surrender of Japan in the late summer of 1945, and the war over, general demobilization was declared. I don't really understand why or how it occurred but I was ordered to be separated from the Navy in February 1946 and proceeded as ordered to Toledo, OH for my separation examination etc.

I do remember staying at the Commodore Perry Hotel in Toledo and getting my ruptured duck lapel pin. I do remember parting with my midshipmen's uniform with considerable regret. I think and have been told that the reason I was discharged and some of my other V-12 friends were not was because of my name. My last name began with D and some of my friends' last names began with letters further down in the alphabet. The Navy suddenly understood when they got to about the letter M that maybe they shouldn't release all these doctors that they had just finished training. So, I was one of the few that were discharged and the other half of the alphabet was not discharged.

About a year later I got a letter from the Navy saying that they had sort of goofed. And because I had had some of my education under Navy auspicious would I consider rejoining the Navy? I was sympathetic to this proposition because they also had a program whereby they would commission me and pay me as lieutenant (j.g.) while I finished my surgical residency in return for which I would owe them Navy service year for year plus, I believe it was, 2 years for the first year. And because I was on a 4-year surgery training program I would thus obligate myself for 5 years of additional Navy service.

This seemed like a very good deal and I learned that I was one of very few that were allowed to continue in a surgical residency in a civilian institution. In the fall of 1947, I was commissioned as a lieutenant j.g. and proceeded as ordered to Great Lakes Naval Training Station, where there was a formal 2-day examination to be commissioned as a physician in the Navy Medical Corps. This was an academic examination by physicians stationed at Great Lakes Naval Hospital and quite impressive and quite a thorough grilling of my background education and knowledge.

After graduation from medical school in December of 1946 I stayed on at the University of Michigan and had my internship and surgical residency at the University Hospital in Ann Arbor. From the fall of 1947 I was a commissioned officer in the regular Navy. My surgical residency at the University Hospital in Ann Arbor continued under Navy auspices until July of 1950.

With the onset of the Korean War on 25 June 1950, I felt quite sure that I might be called away from my surgical residency as I knew the Navy, and more particularly, the Army were particularly short of physicians at this time, having demobilized so many at the end of World War II.

July of 1950 was to be my month of vacation from my surgical residency and before I left on vacation I called BUMED [Bureau of Medicine and Surgery] and asked whether there was any likelihood that I would be called up in the immediate future. They said, that "they didn't think so and for me to proceed on my vacation, but to be sure to keep in touch just in case." My wife and I had planned a long leisurely driving trip from Ann Arbor to the west coast ending in Portland, Oregon to visit my sister and her husband. We set up an elaborate system of communication where every other day I would contact a pre-arranged Western Union station along our route and our landlord would let me know if there were any official letters that had come from BUMED. I was concerned that I might receive orders.

I was very faithful to checking on Western Union stations throughout most of . . . well certainly through the first 2 ½ weeks of July, but since nothing was happening I became a little sloppy. When we got to Portland in the third or fourth week of July I checked in after a 5-day hiatus. Much to my horror and surprise there was a message that had been waiting for me for about 5 days that told me I had orders to Oakland, California. To make matters worse, my

landlord had become ill and he was about a week or 10 days delayed in identifying the letter before he sent the telegram to Portland.

So, by the time I knew I had orders. I was already 15 days into my orders. I did not at that time know how to read orders and understand the days of delay that the words "proceed" provided. When I had this all translated it turned out I had about 20 days from the date of the orders and I had about 10 days left to report to Oakland. Since all of our belongings and our apartment were in Ann Arbor and I did have 10 days, what my wife and I did was drive home from Portland to Ann Arbor nonstop. We had a 1948 Chevy and it performed marvelously. We drove day and night, stopping only for food and gas and in 60 hours we were back in Ann Arbor. We packed our relatively few belongings, closed our apartment, said good-bye to our folks, and took off again in the car for Oakland, California.

Again, I had called and asked whether I should take my wife and whether Oakland, California and the Oakland Naval Hospital were to be my final destination in this set of orders. And they assured me that it was and that I should take my wife and all of my belongings to Oakland, because that is where I would be stationed. So, based on that information, as I said, we took off and drove back to Oakland, California and arrived just in time to fulfill the obligations of our initial set of orders.

We immediately set out to find a place to live and in a day or two had found a little apartment and were making arrangements to move in. In the meantime, I had started work at the Naval Hospital in Oakland. One day, about 2 or 3 days after we arrived in Oakland, I was having lunch at the officer's club and noticed a particularly attractive chair in the middle of the club dining room and proceeded to take my lunch and sit down there. One of the other medical officer's said, "Don't sit down there. The last three people who have sat down there had been ordered to Korea within 24-hours." And I said, "I've got the assurances that that isn't likely to happen." So, I sat down and enjoyed my lunch.

The prophecy was all too true, because within 24 hours I had received my orders to proceed to Japan as a member of Surgical Team Number Eight, based in Yokosuka, Japan. We had a few days to make our arrangements and to prepare to send my wife back to Ann Arbor and arrange for our household things to be sent from Oakland back to Ann Arbor.

My wife, Barb did not want to drive back alone and I really didn't want her too. So, what we did was leave the car with friends with the instructions to sell it and Barb would get a new car when she got home with the proceeds from the sale of the older car. I would proceed to Korea as ordered. The flight from San Francisco to Hawaii was uneventful and I just assumed that I would be leaving within hours after I arrived in Hawaii for the remainder of the trip to Japan.

It was not to be, however. I was on standby for flights to Japan for 7 days and had to live at Barbers Point and had to check in daily for flights to Japan. About 7 days after we arrived in Japan I was notified that I would be on a flight the following morning and arrived at the airport as ordered only to find that some . . . I think it was 24 nurses had taken my place and with some 15 other physicians and because they had a higher priority than ours we were bumped and they went to Japan. So, once again we were left to wait.

The next morning, however, our priority came due and we did leave. The only ironic thing about this is that that plane with the 24 nurses crashed on takeoff from . . . I believe it was Wake or Guam. I think it was Wake.[1] And all the nurses were lost when the plane crashed in shark-infested waters. There were some grisly tales relative to that unhappy happening.

[1]The plane crash off Kwajalein, Marshall Islands, resulted in the death of 11 Navy nurses.

With regard to our flight from Hawaii to Japan it had some interesting aspects because the plane was a four-engine, R-6D that had been in Japan for the last 2 years as a training tool for Hawaii aircraft mechanics. They had taken this plane apart and put it back together, and taken it apart and put it back together numerous times. This was the first time this particular plane had flown in over 2 years. There was a little apprehension about whether the parts were all there.

The other interesting thing is that there was a veteran crew of Air Force pilots aboard, but they were breaking in and training a reserve crew that had been called back into service. The veteran crew was beginning to relax and beginning to learn some interesting new things about these long flights across the Pacific. The one thing I remember . . . well, lets say several things that I remember . . . is they were anxious to empty the belly tank before they used their wing tanks, and to get as much mileage as possible. They wanted that tank to be totally empty. The gas cap to that tank was in the companionway between the pilots cabin and the passenger cabin. One of the pilots unscrewed the gas cap and was sticking a yardstick down in the gas tank to see how much gas was remaining until all of it was actually gone. Having traveled on civil aircraft occasionally the concept of judging how much gas you had left in a tank with a yardstick dipped into the tank itself seemed to be a little bit novel.

The other interesting aspect is that we flew from Hawaii to Wake. We were then supposed to go from Wake to Guam and then from Guam to Japan. If you look at the map that's a little bit out of the way. Our pilots felt that they could take advantage of the jet stream and fly direct from Wake to Hanita Airport in Tokyo and they discussed this as we sat in the heat under the wing of the aircraft on Wake Island.

Since this had never been done before there was a little bit of discussion and hesitancy about doing it. But the seasoned crew convinced the reserve crew that they could do this and that we could make it even with some to spare, again taking advantage of the relatively newly identified jet streams at altitude. So, we were the first flight to go directly from Wake to Hanita Airport in Tokyo and we arrived without any problem at all and with I don't know how much gas to spare.

There's an additional interesting thing, which is a little tragic. In addition to the 15 or so medical officers that were on my particular plane there were probably, I would say, 30 or 40 soldiers and they were arranged in squads. They were all in their battle dress, and all fully armed. Each squad was headed by a sergeant and had a corporal. The sergeant and corporal for each squad were training the other 10 men to load and unload their M1 rifles during the flight. The members of the squad other than the sergeant and the corporal had been in the army less than 6 or 8 weeks and they were just really raw recruits. We knew that while the physicians were going to be dropped off in Tokyo, this plane with its soldiers was going right on to Korea.

I would say we're probably talking about mid-August, maybe late August. The situation in Korea was really quite grim as the North Korean army had pushed the South Korean and American troops into something called "the Pusan perimeter" where the fighting was very vicious and where American and South Korean casualties were extremely heavy. I'm afraid these poor boys were sent there and probably very few of them would survive.

As we waited at the Hanita Airport for our transportation to the Yokosuka Naval Base we saw plane after plane--all of them four-engine planes--coming in and landing. But about every third or every fourth plane had either an engine on fire or one engine feathered so that we felt very lucky to have arrived with all four engines intact.

The Yokosuka Naval Hospital was an old Japanese naval hospital, which had been, until 6 weeks previously, a relatively small dispensary with most of the wards closed, because they

were not needed. Within a 6-week period this dispensary was expanded from maybe 20 or 30 beds to about 150 beds with continuing expansion going on from the time I arrived. I believe the size of the hospital ultimately reached 500 or 600 beds and at the time of the evacuation of the Marines from the Chosin Reservoir we had responsibility of over 5,000 patients. Not all of them--as a matter of fact--very few of them could be taken care of in the hospital, because the hospital wasn't that big and the majority of the casualties were frostbite casualties with toes and fingers badly frostbitten.

Otherwise the marines were reasonably healthy. So, we kept them in old Japanese barracks in bunk beds that were four or five tiers high and we made rounds rather hastily looking at their fingers and toes on a twice-a-day basis. Evacuation of these frostbitten men was accomplished back to either Hawaii or all the way back to the United States over a period of the next 4 to 6 weeks.

This period of the frostbite in the Chosin Reservoir was obviously in late November and early December of 1950. When I arrived in Yokosuka I was assigned to Surgical Team Number Eight, which was then functioning in temporary duty capacity at the Yokosuka Naval Hospital where I was assigned to a combined neurosurgical and urology ward where the paraplegics and urologic cases were handled. The senior medical officer of that ward was Dr. Arthur Wentz, who was then a lieutenant commander, I believe. Very recently he had been a professor of neurosurgery at a California medical school. He was a very fine officer and taught me a great deal.

The wounded arrived daily at the train station at Yokosuka and were transferred by ambulance from the train station to the hospital. And as I said, the hospital was expanding almost on a daily basis and we were receiving large numbers of severely wounded marines within 24 to 48 hours of having been wounded, which to me seemed quite remarkable.

Most of the wounded were pretty well stabilized by the time they got to us and our job was more definitive surgical repair. We all worked very hard and tried to keep control of this huge expansion of patient numbers. All the time, more and more medical officers and nurses were arriving to help out so that we had a pretty reasonable balance in terms of numbers of patients for whom we were responsible and medical personnel--corpsmen, nurses, and physicians to take care of them.

Because paraplegic patients frequently have urologic problems, it was decided that the paraplegics would all be on the urology ward. We had some 20 or 30 paraplegic patients and some maybe 20 or 30 urology patients. About a third, maybe 10 or possibly 15 of the urology patients simply had severe cases of gonorrhea and as such were being treated on the urology service.

One day Frank Knox, the Secretary of the Navy came by and wanted to pass out Purple Heart medals to some severely wounded Marines. And because Marines with paraplegia were considered to be severely wounded, he started at one end of the paraplegic ward and passed out Purple Hearts to all of the paraplegics on the ward. Unfortunately, he did not know and understand that patients with simple gonorrhea were also on the ward. So, as he continued down the line he passed out Purple Hearts to Marines who were there only because they had contracted gonorrhea while on liberty. None of the medical officers or medical personnel were able to get to him in time to stop this passing out of Purple Hearts, but we all felt a little bad and embarrassed and I guess we were basically afraid to tell him what he had just done.

On a happier note, sometime in the early fall of 1950, Bob Hope visited the hospital. And again, he wanted to see severely injured people and came to our ward. He was made aware

of the fact that not all of the patients on the ward were severely wounded and he confined his visit to the paraplegics. He visited with each one, a member of his staff took a picture of him with each of the paraplegics. And I think he spent, 5 or maybe 10 minutes with each on a personal basis. The one I remember most was a boy. I think is name was Siegfried but I'm not sure about that. He asked the boy where he was from and the boy said he was from Seattle. And Bob Hope said that as soon as he left Japan he was going to Seattle and was going to put on a show there. And then he asked for the address of the boys parents and said that he would drop in on them and tell them that he had seen their son and that he was doing reasonably well, all things considered, etc. I really thought this was a bunch of phony baloney and never really believed that Bob Hope would take the time to look up this kid's folks. But, 3 weeks later the kid got a letter from his folks explaining that Bob Hope had indeed called, had insisted on taking them out to dinner and had talked with them over dinner about his experiences in Japan and about the health and welfare of their son. This was tremendously impressive to me, and Bob Hope will remain forever one of my favorite heroes from the Korean or any other war. He has done so much for service people and he really is very genuine as this anecdote illustrates.

Though there were many grisly wounds that we were required to treat, you remember the unusual ones that perhaps were not quite as grisly. One of the ones I remember best is a marine who was sticking his head over a trench and a sniper caught him right between the eyes. The bullet went through his skull and out the back of his head, but apparently stayed in the midline because he was essentially not hurt neurologically at all. He was evacuated to us, but had no problems whatsoever, other than a fingertip sized hole in his forehead and a much bigger hole in the back of his skull, all of which were healing very nicely. His head X-ray showed he had a few little metallic fragments along the course of the bullet path as it passed cleanly through his head from front to back without any neurologic injury. The tragic part was the Army was so desperate for people that anybody who is felt to be reasonably able and with healing wounds was required to be sent back to his unit.

We kept this boy for 10 days and that was essentially 8 days beyond the time when he was well enough to go back to duty, simply because we didn't have the heart to send him back to his unit. However, we were ultimately required to send him back and we did, even though he had a through and through head wound.

Another wound was, again a head wound. And as I had mentioned, I was on a neurosurgical unit, which is why I had some of these experiences with head wounds. In this case, the bullet had gone through the front lip of the boy's helmet. It had impacted on his skull and had burrowed 270 degrees around his skull and exited without ever penetrating the skull. Apparently the steel of the helmet had taken enough of the sting off the bullet and it was a tangential blow so the bullet ran along the skull between the scalp and the skull three-quarter of the way around his head before it exited.

Yet another wound was to a Marine who was charging up a hill and yelling with his mouth open when he felt a stinging sensation at the base of his tongue. As he reached his hand around the back of his head, he felt a bloody hole in the back of his head. This convinced him that he had been shot through the head and he thought he was going to die. So, he simply lay down and the battle raged on over him for about 15, 20 minutes, a half hour and he was just waiting to die. After the battle died down he lay there for about half an hour to an hour as he tells the story. Because he wasn't dying and didn't die he got up and walked to the aid station still not believing that he was alive. He was evacuated back to us, and again, he had a simple through and through wound, if you will, as the bullet passed across the base of his tongue and he

had an exit wound at the base of his skull which was healing perfectly satisfactorily. He also had to return to duty, but was incredulous that he had survived such a potentially devastating wound.

And yet, another experience. A young Marine was charging up a hill with a BAR, (Browning Automatic Rifle), which he was holding at port arms. He was passing a tree when a Chinese solider jumped out maybe 5 yards from him and sprayed him with a Thompson submachine gun. As you know, when you fire a machine gun the barrel tends to rise and four bullets struck the stock of the BAR which was being held across the man's abdomen and the stock took the major impact of the four .45 caliber slugs. Splinters from the back of the stock were driven into the boys abdomen. We had to operate on him to be sure that those splinters were removed and that none of them had penetrated any vital structures, which they had not. And it's obvious that the boy was saved from any serious injury by the stock of his rifle and this close encounter with the Chinese soldier. Since the Chinese and North Korean soldiers were all called “gooks” in this particular war, this was a “gook” Thompson submachine gun wounding.

I can go on telling tales about interesting wounds that we saw during this period of time, but I think I will cease with the examples that I've related.

I believe I had said, I arrived in Yokosuka sometime in early September of 1950. It was just as the Inchon landing was occurring and I can't remember the date when that occurred. My assignment as I had said, was to Surgical Team Eight and when Surgical Team Eight was not deployed we all fell in to help with the care of casualties in the hospital.

The surgical teams were a new concept. They consisted of three medical officers. There was a surgeon, an anesthesiologist, and a third medical officer was supposed to be a triage officer. So, generally there was a surgeon or a surgical trainee, an internist and often an OB-GYN man or somebody else who might either help in surgery or give anesthesia. In addition to the three medical officers there were 10 corpsmen. They were all pretty well trained, either first class or second class hospital corpsman and an occasional chief hospital corpsman.

The concept was that a surgical team could be added to any ship or any shore-based facility and function as an added operating room. And it carried all its own equipment to function as an operating room. Because of the speed with which we were deployed we had never trained together, we had never even met each other. The concept was simply a paper concept and we would have to work things out as time permitted when the opportunity came.

The care of casualties during my TAD at the Yokosuka Naval Hospital on the urology and neurosurgery ward continued through the fall and on into December. As I had mentioned, in late November and early December the Chosin frostbite cases descended upon and inundated us until they were able to evacuate them out of Japan, back to either Hawaii or the United States.

The time of the Chinese entry into the war was a terrifying one and there was a “bug out” retreat down the Korean peninsula. At the time of the Chosin Reservoir before all the troops were evacuated there was a plan to parachute the surgical teams into Wonsan, which was the port of debarkation, to help care for the wounded marines that were fighting their way from the Reservoir. None of us had jumped out of a plane. We were all scared when we were put on alert for this. We were quite concerned, but we understood the circumstances and were ready to go.

At the last minute, dropping of surgical teams was abandoned and it was then thought that they would take them in by float planes, by PBY's. But apparently the arrival of the Marines in Wonsan was much better than anticipated and the medical officers that were already there and the evacuation plans for the wounded were such that it seemed easier to get the wounded out of Wonsan rapidly and bring them to Japanese shore-based installations, rather than send in the physicians and surgical teams. So, we were spared the sea plane trip or the para-drop into

Wonsan. I'm sure although we were very eager to be over in the action, we were glad that would not be taken there in that way.

On the 30th of December 1950 we were told that we were going to be deployed but not told where we were going to go. We anticipated that we were going to go to Korea, but at that particular time there was some thought that the Nationalist Chinese troops from Taiwan might be deployed, and there was some thought we might be sent to Taiwan. We really thought we were going to go to Korea, but they took us to a warehouse full of all kinds of uniforms and said, "Take whatever you think that you want." Most of us took cold whether gear and I took a jacket and thinking that might not be enough, I also took a parka. We were also offered sidearms and ammunition and you could take whatever you wanted. I took both an M1 carbine and a .45 automatic and ammunition for each. Our gear had to be packed into a single duffle bag and this was the first time we'd seen weapons, or helmets or web belts or bandoliers, or any of this stuff. None of us really knew how to handle any of these things. Some of the weapons still had their basic cosmoline grease on them. Many of us were unprepared to put on combat gear.

Nonetheless, we outfitted ourselves as best we could and cleaned our weapons as best we could and prepared to leave by plane on New Year's Eve. We were flown into Kimpo Airport, which is just South of Seoul. This was a time when the 8th Army was retreating down the west coast of Korea with great rapidity and nobody really knew where the Chinese who were in pursuit were. Kimpo airfield was in the process of being evacuated as we landed and we were the last plane into Kimpo airport. This was a DC-3-- an R-4D--and as soon as they dropped the surgical teams on the tarmac they immediately turned around and took off and got out of there. On the periphery of the airport there were all kinds of fires blazing as the troops were beginning to destroy the airport facilities. And we were left desolate--alone--on the tarmac around all these burning things, waiting, hopefully for 6 x 6 trucks to come take Surgical Team Eight and the other surgical teams that had come in with us to Inchon.

About 11:00 o'clock that night the trucks arrived and again we were told we might have to run through roadblocks. We all got in the back of the 6 bys and all tried to load our weapons. We headed out into the night with great anticipation and some fear.

About an hour later we arrived at the Port of Inchon and were taken to Pier Charlie where an LCM, a small landing craft, ferried us out to the various ships to which we were assigned. Surgical Team Eight was assigned to the USS *Eldorado* (AGC-11). This was a command ship--a C-3 hull that looked just like a transport ship. However, it was loaded with all kinds of communications and headquarters gear. It was the command ship for amphibious landings. It had obviously been left over from World War II and I was told that they deliberately used ships that looked exactly like troop transport ships as command ships so they would be difficult for the Japanese to identify and zero in on.

Just off the Port of Inchon, probably a mile or a mile and a half from Pier Charlie, was a fairly large collection of U.S. and U.N. ships. The Eldorado, as I said, was the command ship for a certain segment of the Army and for a certain segment of the Marine Amphibious force. Perhaps 100 yards away was a hospital ship which was always brightly illuminated. There was always a cruiser with 8-inch guns nearby, maybe a destroyer or two, and two or three or more transport ships that were busy unloading supplies.

The atmosphere on New Year's Eve was quite tense because a major retreat was underway and Inchon was being prepared as the port of evacuation for the Eighth Army, which was retreating down the west coast of Korea. The retreat of the Eighth Army was faster than the Chinese could follow. So, the line stabilized across the Korean peninsula right about at the 38th

parallel, sometimes just above and sometimes just below Seoul, but always just above Inchon or, for the most part, just above Inchon.

At this time there were only eight surgical teams and all eight were deployed either ashore or afloat. One or two of the surgical teams were assigned to the hospital ship; we were assigned to the *Eldorado*. Several surgical teams were assigned to MASH [Mobil Army Surgical Hospital] units and I should say now that the Army had a great need for surgeons and physicians. Many naval physicians were required or assigned to work ashore with Army MASH units as individuals. They simply became Army medical officers during their tour in Korea and never saw any shipboard activity at all.

Surgical Team Eight arrived on the *Eldorado* in good shape and we were really quite tired and glad to be aboard ship and away from the unknown concerns that we had traveling through during the night in the hostile or potentially hostile country. The enlisted men of the team were assigned quarters with the crew, and the officers of Surgical Team Eight were assigned to an officer's "bunk room." This was a storage room where now there were temporary bunks three or four tiers high that housed maybe 12 or 16 officers, who were on temporary assignment to the *Eldorado* for one reason or another.

About this time, General [LGEN Walton H.] Walker was killed and General Matthew Ridgway took his place. General Ridgway came aboard on several occasions to confer with the generals who were resident on the *Eldorado* about various aspects of the campaign. I remember seeing him, although I never met him. He was always dressed in battle fatigues and his bandolier with several grenades clipped to his uniform.

Much of the Port of Inchon had been destroyed during the Inchon landing in September by the bombardment that had preceded the landing. As you may recall, Inchon has 25- to 30-foot tides on a daily basis. This was quite spectacular to see. During this time, we were swinging on the hook at **X-ray ten** outside of Inchon Harbor. We were watching LSTs go in at high tide to beach on either side of Pier Charlie. When the tide would go out there would be mud flats 100 yards beyond the stern of the LSTs. In other words, the LSTs would be absolutely high and dry and 100 yards away from any water.

In the channel between Wolmi-do and the main harbor of Inchon a fairly sizable . . . well not large, but a significant sized ship had been sunk and at high tide you could not see this ship because it was covered by the tidal water. It was just below the surface. So, if you did not know where it was it was quite possible for you to hit it. At low tide it was clearly visible and out of the water. And the same thing was true with a dredge that had been sunk close in to the old tidal basin. Because of the high tides Inchon had both an old and a new tidal basin and of course at high tide they'd open the flood gates and the ships would go into the tidal basin to unload at docks. As the tide went out the gates would close and the water in the tidal basin would stay high and the ships would be kept afloat until the tide rose again when the gates would be open and the ships could come out.

I think you need to know and I'll be happy to send a long a penciled map of the harbor Inchon that I made in the spring of 1951 identifying some of these things and this may be of interest to keep in your file on this oral history. I also have some Kodachrome slides of Inchon and of the ship and some of the other things that I'm talking about. If you're interested, I can surely send those on. I don't I really have any need for them anymore. Much to my surprise, when I looked at them the other day, they are in amazingly good shape with full restoration of detail and color so that I may just send them on to you.

Throughout the month of January there was a great deal of apprehension that we would have to receive the evacuating Eighth Army, but as time went on that became less and less likely. Again, without recalling in great detail the timing, we would spend 6 or 8 weeks at anchor in Inchon Harbor almost always in berth **X-ray ten**. Every 6 or 8 weeks we would have a week or two where we would go back down to Pusan for awhile and along the west coast of Korea then we would turn back to Inchon. So for the great majority of spring and summer of 1951, for the most part, I was on the *Eldorado* as part of the surgical team that was kept there awaiting any emergencies.

The admiral and general on the *Eldorado* apparently wanted to have this additional surgical support available just in case. Almost always there was a hospital ship next to us in Inchon Harbor. And there was another hospital ship that was usually down at Pusan and they would flip flop. One was the *Haven* (AH-12) and I believe the other was the *Repose* (AH-16). I can't quite remember, I do remember the *Haven*. And as you may recall, the *Benevolence* (AH-13), which was going to come out as a third hospital ship sank in San Francisco Harbor as it was departing. That's a story in and of itself. I heard about it, but was not party to it.[2]

About a quarter of a mile north of us, again just outside Inchon Harbor there was almost always a cruiser, either a British, Australian, or American cruiser. The two American cruisers that I remember were the *Rochester* (CA-124) and the *Toledo* (CA-133). They would lie at anchor there and fire 8-inch shells pretty much all day and night, not with a great degree of rapidity, but with a certain degree of regularity. I was absolutely astounded to realize that you could actually see the projectile of an 8-inch gun leave the barrel.

Further out and usually out of sight of where we were anchored were the *Missouri* (BB-63) and usually one or more carriers that were cruising off the west coast, parallel with Inchon in support of fighting that was going on inland. When the *Missouri*'s 16-inch guns fired the projectile was very easy to see and it seemed to lazily rise out of the smoke of the discharge.

In January and February of 1951 the fighting was going on relatively close to Inchon and we could hear the artillery on a regular basis. After they decided that they were not going to have to evacuate, Inchon became a major supply port for the Eighth Army. Transport of all kinds were discharging their cargoes into DUKWs, amphibious trucks that would take the cargo from the transport to the shore and drive it right up to the base. They frequently went up on Wolmi-do, but sometimes they went all the way into the beaches of the City of Inchon. This off-loading went on almost all day and all night and at night the ships were relatively brightly lighted as were the DUKWs with their headlights that you could see cruising around the outer harbor. As I'm sure you're aware there was essentially no Air Force for the North Korean side and the sky was pretty well controlled by the U.S. Air Force.

Almost every night, however, there was a North Korean plane, a single plane that would come over. We called him, "Bed Check Charlie" because he almost always came about 11:00 o'clock. This was a . . . it looked to me like a World War I biplane. I know it was a biplane. It flew at maybe 3,000 or 4,000 feet, maybe even lower than that. I don't think it could get to 10,000 feet. It had open cockpits and there was a man in front and a man behind.

The hospital ship as I had said, was maybe within 100 yards of the *Eldorado*'s berth and was always very brightly illuminated. So, Bed Check Charlie would fly over and orbit either the red mast headlights of the *Eldorado* or more likely the white lights on the gleaming sides of the hospital ship to orient itself in relation to the darkened Inchon Harbor. And then he would

[2]*Benevolence* was struck by the freighter SS *Mary Luckenback* on 25 August 1950 and sank.

proceed inland to bomb some of the shore-based facilities of the Army. Bomb is really a gross exaggeration, because as we understand it the bombing consisted of the guy in the back seat of this two-seat biplane dropping either shells or hand grenades from the back cockpit, from what he perceived to be installations ashore that might be of value. We're talking about minimal explosives. But this guy was such a regular pest and when he would come or when you would hear him coming, he threw the whole Harbor into pandemonium and all of the transport off-loading stopped, all the lights went out. He was able to totally disrupt the off-loading of the transport for a period of 4, 5, or 6 hours. And as such, he provided a very valuable service to the North Koreans.

Initially, there were no anti-aircraft guns in Inchon and, to very rapidly to get Bed Check Charlie, they sent in some anti-aircraft guns. The only trouble was these were 90 mm anti-aircraft guns and they were equipped with proximity fuses and the proximity fuse would not activate below 5,000 feet. Of course, Bed Check Charlie was always below that. So, now in addition to the lights going out we now had anti-aircraft fire going up with great pyrotechnics, but none of it to any avail.

They sent a member of jets after "Bed Check Charlie" from the carriers and from the shore bases, but Bed Check Charlie could fly in the valley's between the hills of Korea with great ease and unfortunately more than one jet trying to chase "Bed Check Charlie" would dive into a valley and find that he had headed himself into a boxed canyon at 400 or 500 miles an hour and could not maneuver fast enough to get out of the box canyon and would crash against its walls.

After we lost two or three, maybe four planes in pursuit of "Bed Check Charlie," the Navy and the Air Force issued orders that no further plane chases were to occur and "Bed Check Charlie" continued on his nightly routines essentially unmolested through all the times we were swinging on the hook at **X-ray Ten** in Inchon Harbor.

As I had said, we were assigned to the *Eldorado* as a contingency medical force. After we had been there a week or so we were nearly dying of boredom. The regular ship's physician and two or three corpsmen were able to take care of the routine needs of the crew through sick call and we were left with essentially nothing to do. I became concerned and wanted to get to know my surgical team a little bit better. The team was initially headed by CDR Addison who was a psychiatrist. Shortly after we arrived in Inchon on New Year's he received orders and left Surgical Team Number Eight.

An additional medical officer was assigned to us and I became a senior lieutenant, the commanding officer of Surgical Team Number Eight. I was the surgeon and the other two doctors were the triage and the anesthetist. We really wanted to do a little something as a team and so we tried to arrange a surgical exercise if you will. We held minor surgery sick call and one of the things that we found a number of the crew really wanted to have done was circumcision. Also, there were several, maybe a dozen, with ganglions of the wrist. There were quite a number who had tattoos that they now wished to have removed and there were some other minor warts, bumps, and sebaceous cysts that we could exercise ourselves with. We did some varicose veins and again, a host of minor surgical procedures.

We set up an operating room and got a look at our equipment and our gear and also got to know one another. I had mentioned the ratings of the enlisted members of the surgical teams. Many of them had been called back to duty after having been out of the Navy for 3, 4, 5 years and had gone on to do other things. Of my corpsmen, two had masters degrees and one had a Ph.D. I think three others had bachelor's degrees. So, this was quite a well-educated surgical team and they really had a good time together, although I say we were pretty bored.

Over the course of the 6 or so months I was on the *Eldorado* I think we probably performed 50 or 60 circumcisions and I got the feeling that I had circumcised the entire Asiatic fleet. Initially we did not restrict the fellows who had circumcisions to the ship, but after I saw my second case of acute chancroid in a young man who had been circumcised 2 days before, we restricted our circumcision cases to the ship for a minimum of 10 days post-op. I still have trouble believing that 2 days after circumcision you could contract chancroid, but I did see it and understand it.

One of our corpsmen was a pretty good microbiologist and did all the slide smears to identify organisms for us. And because I had been the medical officer on the urology ward and because I was doing the circumcisions and because he was an expert at gram staining of penile secretions we became--we, meaning the surgical team--became the experts at venereal disease and we began to keep records. The crew of the *Eldorado* had about 900 men. And within the time I was on the ship we had seen almost 900 cases. In other words, one case for every man on board had venereal disease. This was absolutely astounding, and I was really upset about all this and wanted to do something about it.

I decided that the thing to do was make up a prophylactic kit which was the mainstay for treatment of potential venereal disease or prevention of venereal disease after exposure. We made up prophylactic kits and included a couple of condoms in it and required every man who left the ship for any reason to take one with him. I didn't care whether he used it or not . . . Well, I did care whether he used it or not. I hoped he would use it if he was going to dally, but I wanted to be sure that he had one with him. If he didn't use it he simply tossed it in the barrel at the foot of the gangway when he came back aboard ship and we reissued it again. I got the skipper to pass a law that nobody could leave the ship without one of these prophylactic kits in his possession.

Unfortunately, the senior chaplain heard about all this and thought I was contributing to the delinquency of minors and promoting promiscuity and really making it all too easy for promiscuous behavior of young sailors. So, I was forced to rescind my program and we went back to treating large numbers of venereal disease cases.

One day in the spring of 1950 a Army 6 x 6 truck accidently ran over a Korean boy of about 12-years of age, breaking both of his femurs in mid shaft. There were no U.S. medical facilities ashore in Inchon at this point and the hospital ship had left for some reason or other. So, they brought Charlie Kim Su to the *Eldorado* for me to care for. These were not compound fractures, they were simple fractures and the thing to do with them was to set them and put the boy in a double hip spica cast. The problem was that to create a double hip spica cast you needed a special table called a "Hawley orthopedic table." This consisted of a post and a heart-shaped saddle, and you put the boys buttocks on the heart-shaped saddle and had the corpsmen hold the legs in the proper position and then you applied the sheet wadding and the plaster rollers until you had created the appropriate double hip spica cast. But there was no Hawley table on the ship and I was a little bit perplexed as to how to handle Charlie Kim Su's broken legs.

When I expressed my problem to the crew, they said, "Oh, don't worry about it doc. We'll make one for you; just draw us a picture." And I drew a picture of what I had just described and within about 4 hours, they had created a "Hawley table" for me with a post welded to the deck of the operating room. They had fabricated the heart-shaped saddle, and I could move it up and down, swing it right or left. It did everything as I had described it. We were able to put Charlie Kim Su in a double hip spica with relatively little fuss and feathers.

The next problem with our young patient related to eating. Apparently, it is a Korean custom that when you think you are mortally wounded or mortally ill you refuse to eat. If you're eating for no good purpose, you're taking food out of another family member's mouth, particularly when food is in short supply and an extremely valuable commodity. Charlie Kim Su actually felt that with two broken legs he was going to die, so he refused to eat anything at all and we had a terrible time with him for 2 or 3 days before we could convince him that with his legs in a double hip spica he would be able to survive. When we finally got him eating, we could hardly stop him, because he was very, very hungry and had been in a condition of semi-starvation as a young urchin on the Inchon streets before he'd ever been hit by the truck.

The crew really took to him in a big way and he became one of their favorites. They made a complete sailor suit uniform for him. They made all kinds of model ships and model airplanes and he had more things to play with in his hospital bed than you can imagine and really was quite a happy young man. Unfortunately, the *Eldorado* was ordered to sail about 3 weeks after we took Charlie Kim Su aboard and with great reluctance we took him back ashore and found a local doctor who was very appreciative of our efforts and told us that he would try and care for Charlie Kim Su until he got better. And that's the last we ever saw or heard of him, but we really felt we had done a pretty good job in getting him a start toward recovery.

All was not work. We occasionally had time for fun and games. As I said, for a large part of the time we were pretty bored. One of the things we did was establish an officers' club ashore. There was an old railroad coach that had been a passenger car of a railroad and I guess it looked to me like it was vintage 1920 in its shape. It was on a railroad siding close to the beach and close to Pier Charlie. It had been pretty well shot up and burned out, but we took some plywood and covered the holes in the side pretty well and it still had some windows. We built a small sort of bar and built some benches and seats in it and this became the officers' club which we called the "Commodore." And every afternoon about 4:30 a boat would leave the *Eldorado* with two or three cases of beer and take it into the Commodore, because we were not allowed to drink on aboard ship. And those of us who could get off--the ships officers--and some of the officers from other ships would come join us at the Commodore for a beer or two. This provided a little levity, a little relaxation and we enjoyed it a good bit.

One night, however, was really quite tragic. The last boat left the Pier Charlie with the few remaining officers that were attending the Commodore. The last boat left just at the sun was setting. It would make the rounds of the ships in the harbor returning the various officers that had been visiting the Commodore. I was on that last boat and they dropped me off at the *Eldorado*'s gangway. I came aboard without any further problems or thoughts. I learned to my horror the next day that the ensign and two or three other enlisted people who were on the boat disappeared in the night after they left the *Eldorado*'s gangway and were never seen again. To this day, we do not know whatever happened to them. The motor whaleboat they were in which was being handled by a Navy coxswain was found several days later washed ashore with nobody in it, nothing. There was some thought that maybe the motor whaleboat had been hijacked by North Koreans who came down in another boat and killed them or ran off with them, but we never found out what happened to the ensign and the other folks on that boat. I felt singularly lucky that they stopped at the *Eldorado* first before they went to any other ships in the fleet.

When you could get time off and particularly after the acute tensions of January and February, we wanted to explore a little bit inland, but we had no vehicle to do this. On the other hand, there were more and more army vehicles and army tents being erected on the beaches at

Inchon to help with the off-loading of the cargo ships that I have described. So, we decided that we would commandeer one of the jeeps.

We got some battleship gray paint and stencils with some navy numbers on them and one afternoon we went ashore and found a jeep that was unattended. We literally stole the khaki colored jeep and drove it to a secluded place where we rapidly repainted it battleship gray, put some black navy stencil numbers on it and declared it ours. We drove it back to Pier Charlie. We had chain locks for it so we weren't going to be as dumb as the Army. This became the *Eldorado*'s jeep. Anybody who wanted to could go ashore and drive it around in the countryside for a little tour could use it.

We even brought it out to the ship and it was actually lifted on board the ship on one or two occasions. But when we finally left Inchon we left the Navy jeep ashore and gave the keys and the chain lock to one of the other ships so that they could enjoy it as we had.

As I had mentioned, in company with the *Eldorado* and the hospital ship there was usually a cruiser with 8-inch guns. And when it wasn't an American cruiser, it was a British or an Australian cruiser. I remember the *Canberra* as being one of the cruisers. But one of the striking thing particularly about the British cruiser is they were very casual about this war in many aspects. And when they would take station and relieve the U.S. cruiser the very first thing they did before they trained their guns or anything else was to set up the after deck awning. As you know, you can drink aboard British ships and we would look across from our ship and we would see the afternoon cocktail party under the after deck awning on the eight inch cruiser as it leisurely settled into a firing routine.

Also, we were in short sleeved khaki's and we were pretty clean, but we weren't very sharply pressed. But we always welcomed the invitation to join the British ship at evening meal. The British naval officers always dressed for dinner in scarlet tunics and it was very impressive. But it was a little bit embarrassing for us to go over there in our wrinkled khaki's, have a drink on the fantail under the awning and then adjourn to the wardroom for dinner when they were all in their scarlet tunics. The good cheer, the libation and, eh, I don't think they had as good food as we had, but it was all a nice change of pace.

Every 3 months the *Eldorado* would be resupplied with meats and vegetables, and all sorts of food stuffs. And immediately after resupply both the enlisted mess and the officer's mess were significantly improved, because all of the better cuts of meats and vegetables and so forth would be served first. And as we got down toward the end and were within a week or two of resupply about all that was left was fish. As you know, the medical officer is required to sample the quantity and quality of the mess to ensure that it is satisfactory for the crew. And as we came close to the end of our supplies and again as more and more fish appeared on the menu the men would complain and insist on more and more frequent inspection of the mess. I became the inspector of the quantity and quality of the mess. Of course, when I would go down there the cooks would really make a feast of a good piece of fish. They would serve it almandine and it was absolutely excellent. I would have a terrible time in good conscience condemning it. So the chef's would always outdo themselves to avoid me having to condemn this fish. Nonetheless, it was a problem with the crew.

One day when I was ashore there was a British Unit that had been pulled out of the line and was enjoying some R&R on the shore just south of Inchon. I took the jeep down to visit them just because I was curious. We got to talking about some of the problems. It turned out they had an excess of whiskey and strawberries in their mess, but had no fish. And British like

their fish. We managed to arrange a swap with the British unit. We took a significant portion of our fish and traded it for whiskey, strawberries, and some British tobacco. The net result was everybody was pretty happy. Before we really became desperate, the supply ship came around and we were back on good terms and eating good food.

Sometime in March or April of 1951 an R & R exchange program was initiated. This came about because of the boredom of the *Eldorado*'s crew as well as those of us of Surgical Team Number Eight. The Army soldiers ashore desired some ice cream, a hot shower, and sleeping between sheets and we wanted to see a little action. This exchange program would allow 20 or 25 enlisted Army personnel and three or four officers to change places with 20 or 25 seaman and three or four naval officers to exchange their actual duties for a few days or a week. The Army personnel would come to Pier Charlie and the naval personnel would return in the same vehicle to the Army units in the front line, somewhere a little east of Seoul.

The army personnel would spend 4 or 5 days aboard ship, sleeping and eating. As I said, ice cream was a big treat, bed sheets were a big treat, and a hot shower once or twice a day was an absolute dream for them. We on the other hand learned what it was like to be a "grunt." We would sleep in pup tents and I learned to drive a tank. I also got to fly in a little grasshopper liaison plane to overlook the battle area. One of my naval officer compatriots won the silver star when he manned a machine gun during an attack by the Chinese. I saw no real combat during my exchange R&R visit, but I learned to appreciate the Navy even more and certainly felt while it was not pleasant to fight in either service I was certainly glad that I was in the Navy. While I was alive I would be treated fairly civilized, whereas with the Army you were up to you ears in mud, dirt, grime, and that sort of thing. All in all it was a very interesting R&R exchange. It relieved the boredom considerably for naval officers, and gave us a feeling that we were doing something more important than just swinging on the hook.

About this same time, one of the seaman developed an attack of acute appendicitis and it was fairly easy to make the diagnosis. He needed an appendectomy. With the hospital ship just 100 yards astern of us it didn't seem reasonable for me to rig an operating room in the Eldorado's sick bay. I saw it in the boy's best interest to take him 100 yards over to the hospital ship and let their surgeons take care of him in their much better equipped operating rooms.

We had the boy in a stretcher on the quarter deck and were about to transfer him over to the hospital ship when CAPT Stephanic came aboard. CAPT Stephanic frequently enjoyed a little libation and not infrequently came aboard in less than optimal condition. As he staggered on deck he noticed the boy in the Stokes stretcher and asked what was going on. I explained to him that the boy had acute appendicitis and I was taking him over to the hospital ship to have his appendix out. CAPT Stephanic said, "You're not going to take him over to the hospital ship; you are going to take his appendix out in the sick bay on board the *Eldorado*." And with that he staggered off to bed. I was left a little bit perplexed, but I knew what I thought would be in the boy's best interest. So, I disobeyed the captain and we transferred the boy over to the hospital ship where he had his appendectomy and was transferred back to us a week later. I don't think CAPT Stephanic ever found out that his order had been specifically disobeyed.

CAPT Stephanic was a very fine seaman but had some personal flaws. He could maneuver the *Eldorado* with exquisite precision, but he had some other faults in his handling of men that were less than desirable.

Occasionally, or I should probably say, rarely we exercised our guns. The *Eldorado* had an open 5-inch gun fore and another one aft and two or three 20 millimeter anti-aircraft guns topside. Most usually when we were on our way from Inchon to Pusan and well at sea, we

would exercise these guns. It was almost amusing, because I don't think we could have shot much of anything with this kind of weaponry. The 5-inch shells were manhandled into the breech, the breech locked, and the gun fired. The whole procedure was very slow, laborious, and I'm not at all sure whether we could have hit the broad side of a barn.

As I said, the *Eldorado* was an old World War II ship and the 20 millimeter anti-aircraft guns had well worn stops on them to prevent firing into your bridge or into your own radio antennas. But unfortunately, these stops were extremely well worn. One day when I was topside during 20 millimeter anti-aircraft firing and we were firing at a training sleeve, the young gunner swung his 20 millimeter around, overrode the stop, and damn near disintegrated the wing of the bridge. He missed it, but not by much and we had a hard time manhandling the 20 millimeter gun back over the stop to keep it in its track.

As I have related, I was removed from my surgical residency at the beginning of my third year to go to Japan and Korea with Surgical Team Number Eight. Throughout the course of the year and a little more the Navy occasionally informed me that they really wanted me to return and complete my surgical education, because I would be more valuable as a fully trained surgeon. As things began to improve in Korea they indeed kept their word and I was ordered back to my surgical residency in September or October of 1951. I was told to expect orders and I waited with impatience for 2 or 3 weeks before they finally came. What did come before my orders was a promotion to lieutenant. It came just a day or so before I was due to return to the states, so I was able to have a wetting down party on the eve of my departure for the U.S.

On the way back we flew from Tokyo to Guam. About 3 hours out of Guam we lost an engine. This was of some concern to me, but the air crew said, "Don't worry, we've got no problem." We landed at Guam sometime in the middle of the night . . . I think around 2:00 o'clock in the morning and we couldn't get anybody to pay attention to looking at or repairing our airplane. So, the crew chief said, "Well, I think I can probably take a look at it if we can borrow your tools. We were able to borrow scaffolding that allowed him to get up to the engine. He took the cowling off, fiddled around on the inside with a flashlight for a while, and he said, "Oh, here's the trouble." And then he said, "What I need now is a little piece of bailing wire." And so, we went and found a piece of bailing wire and he did a few little turns with the bailing wire and said, "There, I think it's all fixed." One of the frightening things was to see the engine with the cowling off and realize that the engine was held to its nacelle by only four rather flimsy bolts. It was startling to me to realize that they were holding that heavy engine to the wing. It was also startling to me to be on the inside and see how planes are repaired. I had lots of respect for that crew chief who was able to diagnose and repair the trouble with the engine. We screwed the cowling back on the engine and much to my surprise the engine started, and we went on to Hawaii with all four engines humming along. We never had a bit of trouble. I was just amazed.

The next plane landed me in San Francisco and I was booked on a commercial TWA plane to fly the rest of the way to Chicago and then on to Detroit and Willow Run, near Ann Arbor. The interesting thing about the TWA flight is that when I boarded and they started the engines, they could not get the fourth engine started. So, the pilot taxied out into the end of the runway and decided that he could start the engine by racing down the runway. He indeed started down the runway with three engines going and ultimately the fourth engine caught, I guess being turned by the force of the wind through the propellers. But then he noticed that the gas cap on the wing tank was off and so we taxied back to the terminal because we had lost some fuel. To check on the gas cap and refuel, everybody had to get out of the plane. They refueled the plane, put the gas cap back on, got us all back on the plane, successfully started the engines and we

took off. Then, however it was noted that one of the outer double pane windows was cracked and we were told that we were going to have to fly at significantly lower altitude then he had planned. And that we might suffer some rough air because he couldn't climb over the storms. The storms were not bad, the air was not rough, but I think after having flown on military planes I was much chagrined to see all the trouble the civilian planes were having. Whereas I had had a lot of blind faith in civilian aircraft and not much faith in military aircraft, I now had a reverse opinion of both the pilots, the crew, and maintenance.

In any event, I arrived back in Ann Arbor and was able to have a couple of weeks of leave to get reacquainted with my wife, Barbara. We had only been married a year before I was called to Japan and Korea and it was a great time getting reacquainted. We took a trip to the Smoky Mountains and had a lovely cottage in Gatlinburg for a few days and then returned to my surgical training in Ann Arbor.

The last 2 years of my surgical residency training went by very rapidly. I was extremely busy. My wife was still active as a head nurse at the university hospital and we both got up about 6 in the morning and were in the hospital by 7. We worked all day and on the nights I was off I was able to get home around 7 or 8 o'clock at night. The nights I was on call I didn't get home at all.

As I resumed my surgical residency, I had a little problem with self doubt and also felt I lacked courage to be a good surgeon. I'm not quite sure the origins of this. Perhaps it was a year and a half of essential surgical idleness in Japan and Korea. Perhaps it was the sudden realization that I would be solely responsible for surgical care of patients in the operating room after I left my training program. Perhaps it was some of the horrors of the wounded that I saw in Korea, but whatever it was, it was a little bit of a difficult time for me getting my mind in order to finish my training.

My training ended in June of 1953 and my first return to full naval active duty was an assignment to the U.S. Naval Hospital in Philadelphia. At the time that hospital had about 2,000 beds and was a very active and busy place. It had a surgical residency training program of its own and I joined the surgical faculty as one of only three board certified surgeons. I had received my board certification having passed my examinations in 1953. I was made head of the proctology service and took care of all colon and rectal surgery. The Chief of Surgery was Dr. Robert Cooper. CAPT Cooper was a very fine man and a good teacher.

We had affiliations with Temple and Jefferson and some of the professors would come out and help us with our training program and make critical rounds on some of our patients. It was very interesting and very educational.

In the spring of 1954, I was told I would soon have to go overseas and would be assigned to the Naval Hospital at Guantanamo Bay. This sounded like a fine assignment and I didn't have any trouble getting ready for it. My wife and I thought this would be an interesting adventure in foreign travel. Just before I was scheduled to leave the Bureau of Medicine Surgery changed the plans and asked whether I'd be willing to go to the station hospital in Athens, Greece. The senior medical officer there had had some family problem at home and had to come home immediately and I would be his replacement. This sounded even better than Guantanamo and we, of course, changed our plans and made ready to go to Greece.

In May of 1954 the Navy packed all our household goods and we drove our car along with a couple of suitcases to Bayonne, NJ, where we boarded a troop transport, the USS *General R.E.Callan* (AP-139). This was a tanker converted for passenger use. Enlisted families were quartered in dormitories, males in one part and females in the other. The children were with the

females. Officers had very austere cabins. I remember our cabin being way up in the bow as the walls of steel painted gray slanted inward. There was no porthole. There was an over and under bunk. There was a desk and one chair and that was it. The head was down the hall.

The passage was a little bit rough, particularly off of Cape Hatteras with rather large waves and most everybody got seasick. Fortunately, my wife and I did not. This was a 2-week voyage and we first stopped at Casablanca where we had part of a day to look around at this historical port in North Africa. We then went to Tripoli and again had a day. There was a very large Air Force Base in Tripoli at that time [Wheelus]. It housed jet bombers--B-47s and they were very sleek and very good looking. I remember having lunch at the officer's club and going to a camel market. For the first time I saw and was able to touch a real camel.

From Tripoli we went to Italy stopping in Naples and had a chance to get to Sorrento and Pompeii. Again, these were beautiful sightseeing opportunities for a young couple who had never been much of any place before. When walking on the promenade in Naples, the place was still in a significant post-war depression. Little street urchins of 10 and 12 would come up to me while I was walking with my wife and ask whether I would like to visit their sister for an hour or so. Obviously, they were trying to peddle their sister to make a few shekels.

We then went on to Pisa to see the leaning Tower and then on to the Port of Athens where we disembarked.

In Athens, the Navy had the responsibility for the medical care of the Army, Navy, Air Force and Embassy personnel assigned to Greece. At that time there was a joint U.S. Military aid group Greece, called "JUSMAG" (Joint U.S. Military Aid to Greece) JUSMAG was headed by Major General George Bitman Barth, who was a very fine gentlemen and we enjoyed his company and that of his wife frequently.

The Navy equivalent was RADM Ralph E. Earl. I believe he was the fourth Admiral Earl in the U.S. Navy. The Ambassador was Ambassador Cannon. In total the Navy medical facility was responsible for about 3,000 people. To handle this responsibility, I had five other physicians working with me and 10 chief hospital corpsmen. All of them were exceptionally fine individuals with impeccable records. We ran a large dispensary 5 days a week in the Tamnion Building just one block off of Constitution Square in downtown Athens.

The dispensary was on the second floor right about the Commissary where U.S. foods could be purchased by members of the military and embassy staffs. I believe I made a mistake. I believe it was the Navy Exchange that was below the dispensary. The Commissary was some place else, and I do not remember where, but you had to drive to it. In addition to the dispensary, which was very active, we had a wing of the Evangilisimos Hospital, one of the leading Greek Hospitals. It was the equivalent of the City Hospital of Athens. Our wing had some 15 to 20 beds. It had its own laboratory, its own operating room and we physicians staffed it along with about 10 or 12 Greek nurses. These nurses were quite well trained. Most of them had been trained in Beirut at the American Hospital in Lebanon. The American Hospital in Beirut had an extremely fine medical reputation, and we were very pleased to have these nurses working with us. They all spoke some English, not clear English, but we were all able to get along very well.

The hospital was about 2 miles from the dispensary and all the medical officers had a car and chauffeur, because none of us could read Greek street signs and it was felt easier for the medical officers to get around with a chauffeured car. I was the senior medical officer of the station hospital and had working with me Gardner Harden, who was an internist/pediatrician.

Larry Trabado was an OB/GYN physician. And Klute--I forgot what Klute's first name was--was a psychiatrist. I believe there was one other physician working with us, but I can't remember his name.

When we arrived in Greece, we were assigned to the Aparagee Hotel in a northern suburb of Athens called, Kaphishia, which was about 8 or 9 miles from the dispensary in downtown Athens. In contrast to many other overseas assignments there was no U.S. village. We were given a short period of time, 4 or 5 weeks, to identify a home which we could rent on a the local economy. We got our food from the commissary for the most part, but all the rest of our needs we purchased from the local economy and we had to make our own deals with the Greek landlords.

At this particular time, the Greeks were very appreciative of U.S. citizens and the U.S. military because we had been very helpful with the Marshall Plan in the post-war recovery of Greece. Greece was still an extremely poor country, and they had just gone through a very terrible civil war and was beginning to recovery to some extent. We were in the Aparagee Hotel for about 5 or 6 weeks before our household goods and our personal automobile arrived. Just before our household goods arrived, I came down with a rather severe case of hepatitis and was hospitalized in my own hospital for 3 weeks waiting for the jaundice to subside. I was still quite weak from the effects of the hepatitis and was required, and I used that word loosely, to convalesce at the beautiful vacation island of Rhodes which was maybe an hour or an hour and a half by plane from Athens

My wife and I stayed at the hotel De Roses for about 10 days to 2 weeks while I recovered from the hepatitis. I should have said when I took ill my household goods and automobile arrived and my wife had to settle the household goods in our small little home, which I'll describe a little later and also had to pick up the car from the dockside. At dockside there were a large number of Greek troops and they were totally unaccustomed to seeing a woman drive an automobile. In Greece women were not thought capable of driving. So that when my wife came to pick up the car there was a lot of gaping and gawking as she got in the car and briskly drove away without any difficulty.

The JUSMAG community of Army, Navy, Air Force, and Embassy personnel was relatively small and quite tight-knit. We frequently went to each other's homes. There were state occasions where visiting dignitaries, admirals, generals or high State Department people would come by. There were a large number of social functions, and I was very fortunate to be invited to many of these functions and get to know senior officers of all three services and the embassy and State Department people really quite well. The friends my wife and I made in those few years we were in Athens have lasted us all our lives and we still keep track of a large number of people that we met on this tour of duty.

The medical group had its own share of traveling dignitaries passing through. I particularly remember Dr. Berry, who was the Deputy Secretary of Defense for Health Affairs at the time. He was also the founder of the Berry Plan which brought physicians who was just finishing their residency training into the services and provided for first class medical care for military personnel and their dependents. Dr. Berry came by with one associate and he was kind enough to come to our home and have meat loaf which he said, he "enjoyed very much."

Our home which we rented was on Marathonus Way, the route the runner ran from Marathon to Athens. Our house was brand new, having just been completed and was really quite a little doll house. It consisted of a foyer, a front room, one bedroom, one kind of closet like, you might have possibly been able to put a desk in it and a kitchen.

Out in back there was a lovely patio, which was covered by a beautiful grape arbor, and just beyond that was a lovely flower garden. Behind the flower garden the owner of the house lived in a thrown together shack made of tin, wood, and cardboard. Kimon was our landlord, but he was also the Mayor of Kaphesia. He, his wife, children, and mother lived in this little cardboard shanty out behind our brand new house.

In Greece, wood is a very difficult commodity to come by, whereas marble is very easy to obtain. So, the floors were all marble, the walls were made of marble dust that had been made into plaster and molded into very interesting frescos up along the ceiling. The marble plaster houses took a long time to dry and the Greeks knew that Americans liked to have some form of heating in the winter. And heating, of course, would help take moisture out of the walls and help them dry faster.

So, the name of the game for a Greek was to build a marble house and then to rent it to some "rich" Americans who would apply central heating in the wintertime and rapidly dry the plaster. Besides that they would only be there for a couple of years and then the house would be dry and the owner could move back in without the moisture in the walls.

There were a fair number of flies and flying insects in Greece so we asked that the windows of our rented house have screens. Special screens were made for each window and in the center of each was a small hinged door which we didn't understand. When we asked why it was thre we were told that it was needed to let the flies in the house have a way to get out--typical Greek logic.

Kimon and his wife, Mina were very lovely people and treated us very, very well. They actually worked the garden and kept the flowers growing. Grandmama often would bring flowers to the door and leave them on the doorstep. Our whole little enclave was surrounded by a wall, which was about 4 or 5 feet tall and gave us a significant amount of privacy from the traffic on Marathons Way. We had a dog given to us; his name was Ocuriows. He was a lovely dog. He would wait for me on the top of the wall every evening when I came home with my chauffeur, whose name was Tasos.

I had a fairly busy surgical practice. I remember two or three splenectomies from trauma. I remember a perforated ulcer. I know we had a lot of fractures because with everything being built of marble, whenever you slipped on the floor you would frequently break a bone. We did minor surgery on varicose veins, hemorrhoids. We certainly did a large number of hernias, particularly infant hernias. In general, I kept quite busy with a modest surgical practice.

We saw and treated almost everything in the dispensary. In general, we kept everybody quite healthy. An Army Colonel Phillips was sent over to train Greek paratroops. I became quite interested in this training and became acquainted with Colonel Phillips. He was going to allow me to participate in training. I was again thinking about my near miss in Korea when I thought I was going to be asked to parachute into a situation and I thought that if this is going to happen, maybe I ought to get some training. And if it happens again I would be prepared. Indeed, I took a little bit of the ground training.

On the eve of my participation in an actual jump, Colonel Phillips lead a real jump of Greek paratroopers in a situation where the wind was quite tricky. They usually drop a smoke flare to the ground to see which way and how much the wind is blowing. The wind was blowing very hard, and Colonel Phillips thought he ought to try and jump first and see how it really was before he signaled for the group jump.

He jumped wearing his favorite red high school football helmet instead of a crash helmet. He was dragged backwards by his chute as he landed and hit his head on a rock, severely

fracturing his skull and giving him a very bad closed head injury. He arrived at my hospital conscious, but then rapidly lost consciousness. We called in a Greek neurosurgeon who was very fine, and who trained at the Mayo Clinic in the U.S. He was an excellent technician who did a suboccipital decompression, but unfortunately this was not adequate. The injury to Colonel Phillips' brain was too severe and he died two or three days after the accident. This put an abrupt end to my thoughts of training as a parachutist, because neither my wife nor General Barth would let me continue with this activity after Colonel Phillips' death.

Medically speaking, cardiac arrest during induction of anesthesia at that time was not altogether an unusual situation. Unfortunately, I had such an occurrence with a 39-year-old woman who had developed acute appendicitis. She arrested just as I was about to make the abdominal incision. We recognized the situation immediately and did open chest cardiac resuscitation, which at that time was essentially new. This was the first time this had ever been done in Greece. All the Greek physicians were astounded at the audacity of turning the patient on her side without any preparation and doing a thoracotomy opening the pericardium and directly massaging her heart until it came back to activity.

The patient resuscitated quite rapidly, and her heart started again after a relative short period of cardiac massage. We were then able to complete her appendectomy, sew up her chest wound, and all her wounds healed without difficulty. Sadly, she had undergone too long a period of cerebral anoxia and never fully regained consciousness, dying after transfer to the U.S. Naval Hospital in Naples some 4 or 5 weeks later. We kept her alive and well, though unconscious for 3 weeks in our tiny hospital facility in Athens, until we felt she was reasonable stable enough to be transferred to a bigger and better facility.

This was indeed a tragic situation, but it was judged quite a remarkable feat in terms of being able to resuscitate her heart by the Greek medical community and by our American diplomatic and military community within Greece.

In the main part of the Evangilisimos Hospital I occasionally went over to observe surgery and was absolutely fascinated at the way they were doing it. The operating room in the Evangilisimos Hospital at that time was a huge room with an operating table in each of the four corners of the room and different procedures going on with different surgical teams in each of the four corners.

There was a central supply table in the middle of the room where a nurse, appropriately gowned and gloved, handled all the instruments. Somebody from the right hand lower corner would come to the supply table and ask for some instruments, be given them, go back to his operations, and then somebody from the left upper corner would come down and ask for some instruments, and be given them. There was a sharing back and forth of these instruments from the center to the four corners of the operating room. This was an absolutely fascinating way to do things.

In Greece in 1954 it was still shortly after World War II and after the Greek Civil War. General anesthetics were essentially unknown. During the war they were forced to do all their major surgery under regional blocks or local anesthesia, and they were real experts at it. The surgeons were master, master technicians. They were able to do a gastrectomy, skin to skin in about 35 to 40 minutes. In the best of U.S. surgical circles, it would take an hour and a half to two hours to do a similar type procedure. The Greek surgeons were master anatomist and master technicians, and the patients did not seem to suffer even when procedures, major procedures were being done under local anesthesia. Blood transfusions were required but the standard unit of blood, because of the poor nutrition of the general population in Greece was 250 cc's instead

of 500 cc's. And everything was used over and over again, IV tubing, blood bottles, etc. These were all cleaned, sterilized, and reused over and over again.

The intermedullary nail that was used to nail femoral fractures--there are only three of them in the whole of the country. If you broke your femur you had to wait for one of the nails to be removed from a patient who had had it before and had it pounded into straightness again before it could be used on you. Fractures of the lower third of the tibia are notoriously slow to heal. And because they are slow to heal in Greece, because of the poverty of the nation, etc., etc. it seemed easier to amputate the leg, because the patient could be gotten out of the hospital following an amputation and following being fitted with a prosthesis faster than he could heal if you allowed him to heal by himself.

We had an American who was hit by a car who had a compound fracture of the lower tibia and I arrived at the hospital just as they were about to amputate his leg. I, with lots of screaming and shouting, made them stop and we treated the compound fracture in the usual American way with cast, dressings and antibiotics. He eventually got well, but it took, I would say, 8 to 12 months before his fracture healed. In contrast, the Greeks would have amputated, and he would have been up and about on a prosthetic limb in 3 or 4 months. It was an interesting philosophy related to the need to get back to productive society and a lack of tolerance for a long-term hospitalizations.

When I was there, Greece was considered a hardship post. So, every 6 or 8 months we were allowed and encouraged to leave Athens and so somewhere for R&R. Most frequently we went to either Italy or Bavaria, these being our favorite spots and I believe we were able to make three or four such trips stopping in Rome, Venice, Florence. Our favorite was Garmish in the southern corner of Germany. We were able to go to Salzberg and my wife went to Vienna and Luxembourg. All of these opportunities for foreign travel were just absolutely marvelous in our young lives.

All of this was opened up to us by my experience in the Navy. Similarly are the experiences that my wife and I had in hobnobbing with admirals, generals, ambassadors, kings, and queens, ministers of varying levels from a variety of different foreign countries, really sharpened up our rules of etiquette and certainly allowed us to learn many of the social graces to which we were exposed.

The King of Greece was King Paul and his wife was Fredrica. She was a German Princess who had married Paul significantly before World War II. But when World War II came about, she staunchly stayed in Greece rather than returning to her homeland and was very much beloved for her anti-Nazi stand. They had a summer home out near Kaphisia in a place called Tatoi. The King and Queen had twin Jaguar convertibles and when they journeyed into downtown Athens to the Palace on Constitution Square, they would come roaring out of their summer home at Tatoi and run down the boulevard side by side in their twin Jaguars with two or three car full of armed guards trailing behind, all going at a frantic pace with sirens clearing the way ahead of them. All traffic would stop on the boulevards while the King and the Queen were roaring by. It was an interesting sight to see.

We got to meet the King and Queen on several different occasions, and I was particularly impressed with the Queen, because she was fluent in several languages and always addressed the individual to whom she was speaking in his or her own tongue. And made it very easy to converse with her and she seemed to be a very lovely person.

Unfortunately, toward the end of my tour my father became fatally ill with malignant hypertension. I was given emergency leave of 10 days in June of 1956 and was able to see and converse with him before he lapsed into his final coma and died in August of that year.

As I was the only American surgeon in Athens, I was reluctant to leave my post even for such a dire emergency. Even though my father was dying I hastened back to Athens as soon as I could, so as not to leave the people for whom I was responsible at risk for any longer than I absolutely had too.

We were on our way home, actually we were in England when I received word that my father had passed away. We were scheduled to go home from England on the SS *United States*, which was a luxury liner of its day. Unfortunately, in that same time frame the *Andrea Doria*, the large Italian liner, had sunk. We were unable to get air passage back home to attend my father's funeral. So we stuck to our original schedule and arrived back in the states about 2 weeks after my father's funeral.

One of our visitors when we were in Athens was Admiral Bartholomew Hogan, Bart Hogan was the Navy Surgeon General. He was accompanied by an aide, and I believe they came through twice. He was most kind to accept our humble hospitality and seemed to be quite impressed with the way the station hospital was being run, at least to the point where he said, when I was ordered back home, I could have any assignment that I would like. And I chose to go to the flagship hospital in the Navy, which was the U.S. Naval Hospital in Bethesda.

After a brief leave to attend to affairs in my home with my mother in Buffalo, New York, I went to Washington to be Assistant Chief of Surgery at the U.S. Naval Hospital in Bethesda.

The Chief of Surgery at Bethesda at the time was Dr. Robert B. Brown who became Surgeon General and certainly is well-known in surgical and naval circles for his academic excellence. He was followed at Bethesda by David P. Osborn, who became Deputy Surgeon General later. Ozzy, was one of my mentors at my first real duty station at the Naval Hospital in Philadelphia and we have been lifelong friends since. He has retired and is still living. I believe he has a summer home in Florida and has a winter home in Pennsylvania. I think it's the other way around, a summer home in Pennsylvania and a winter home in Florida.

From September 1956 to July 1958, I was on the surgical staff the Naval Hospital at Bethesda. And was rotated through assignments of Chief of Dependent Surgery and then Chief of Surgery on Wards C and D. We ran a surgery schedule essentially 5 days a week and usually operated from 8 in the morning until 2 in the afternoon and then held clinics and ward rounds in the afternoons and got ready for the next day’s activities.

In 1957, it was apparent to me that if you were going to be Chief of Surgery at any of the large Naval Hospitals that you needed to have additional thoracic surgical training. And I therefore sought out a thoracic surgical residency to which I was assigned in July 1958. My cardio-thoracic surgical training was to be conducted by Dr. Robert P. Glover, a prominent thoracic surgeon of the time in Philadelphia. His teaching unit was the Presbyterian Hospital and this was at the very dawn of open heart cardiac surgery. We initiated the open-heart program at the Presbyterian Hospital in Philadelphia.

At that time there were essentially no heart/lung machines that you could purchase. So, we had to make all our equipment and we had to try it out in the dog lab. So, out back of the Presbyterian Hospital there was an old garage which we converted into a dog lab. Downstairs is where we kept the dogs, upstairs was a machine shop where we all had to learn to run a metal lathe and to turn out plastic and stainless-steel parts for the heart/lung machine that we were designing and building.

Adjacent to the little machine shop were the animal operating rooms and when we were not busy in the real operating room in the main hospital, we were all busy in the dog lab, working out either animal surgical techniques or working on the metal lathe designing and engineering parts for heart/lung machinery. It was a very interesting experience, both medically and mechanical shop-wise.

Following our completion of 2 years of cardio-thoracic training I took and passed my boards in cardio-thoracic surgery and returned to Bethesda Naval Hospital where I became Assistant Chief of Surgery, working both in the embryonic cardiac surgical program with Ed McClenathan and a civilian advisor from Georgetown, Dr. Charlie Hoffnagle. Dr. Hoffnagle was one of the pioneer cardiac surgeons who trained with Dr. Robert Gross in Boston and was very innovative and creative in these early days of cardiac surgery. Ed McClenathan had completed his thoracic surgical training just across the street at NIH (National Institutes of Health) and was head of Navy cardiac surgery at Bethesda. He subsequently left the Navy and practiced for many years at Washington Children's Hospital doing cardiac surgery with Judson Randolph, another well-known pediatric cardiac surgeon.

Somewhere during my training in Philadelphia I was promoted to commander and at the time I returned to Bethesda where there were four medical commanders. We referred to ourselves as the "Four Surgical Commanders." There was Ed McClenathan, Larry Hines, Ed Rupnick, and me. We were the senior staff of the surgical service at Bethesda. My collateral assignment while at Bethesda was as senior medical officer of surgical team number four.

This did not seem like much of an assignment, although maybe once a year we got together and opened up our surgical equipment to be sure it was still in reasonable shape and then put it all back together again and never really expected to be called out.

However, in October of 1962 the Cuban Missile Crisis occurred. I can recall going into the hospital on a Sunday morning and calling my wife a little before noon and telling her to begin to pack my duffle, because I was going to leave before the end of the day. Indeed, we did leave before the end of the day and we were a little bit frightened because there was somebody assigned to draw up our wills before we left and we were flown to North Carolina where we picked up our special military gear, our helmet and our bandoliers and our fatigues and we were packed into a C-130 Hercules transport that left out of North Carolina and went directly into Guantanamo Bay.

We knew this was pretty serious, because we were carrying 50 units of real whole blood with us and munitions which were in addition to the members of my surgical team, which was essentially the same as it has been in Korea. (We had three physicians and ten corpsmen.)

We were the only surgical team on the transport, but it was loaded with 145,000 pounds of mortar ammunition and hand grenades. So, again we had a feeling that this was a serious situation. Just before we landed at Guantanamo we were escorted by four U.S. fighter planes, two on either side as we made our approach in Guantanamo. We landed at the airfield and were taken immediately to temporary quarters in the area of BOQ. This was Sunday night and we were assigned rather promptly to begin to open and man something that was called the "underground hospital" built into a hillside in Guantanamo. They had positioned a quonset type hut, which was then totally covered with dirt so that it was really an underground hospital. It had been designed as a hospital facility to be used at times of hurricane, so that the main hospital could evacuate the seriously ill and injured into this safe hospital in the hillside. It hadn't been opened in a very, very long time so a major cleanup proposition was ahead of us.

I believe I had described the ingenuity of the surgical team enlisted members, but this time they outdid themselves. By a combination of lying and stealing they managed to get for our surgical team a jeep and a six by truck. We had essentially only side arms but no real weaponry and yet, we could look over at the hillsides and see the Cuban troops.

We knew that if they wanted to they could just swoop down on us at almost any time. Nonetheless, in addition to our vehicles the corpsmen managed to swipe two machine guns. They had two BARs and they also got an M1 for all 13 of us to complement our sidearms. This was all accompanied by appropriate ammunition. We had left North Carolina with sort of summer weight fatigues, I guess they were probably middleweight fatigues. They were not tropical fatigues. They were excessively hot, so that again, the corpsmen went down to the docks and managed to steal two cases of khaki trousers and khaki shirts, short sleeve shirts of tropical weight so that we could be comfortable.

In short, over a period of a week to 10 days we cleaned up our "underground hospital" so that it was not only very liveable, but completely occupiable and we were beginning to enjoy ourselves in our efforts. We worked extremely hard to accomplish all this. As background we all felt there was going to be a war that there was no question of whether it would occur. It was just a question of which day or night it would start and when the shells would begin landing on the Naval Base at Guantanamo.

Out in front of the Naval Base was an extensive minefield and all the water came from the mainland of Cuba through a giant pipe so that there was no water indigenous to the Naval Base. They could shut off the water by simply closing the valve on the Cuban side of the fence.

To help alleviate these concerns the Navy sent in a water tanker with a gazillion gallons of water and anchored it in the harbor just as a precaution. The ship was painted black and the appearance of a black ship in the harbor somewhat unnerved the Cuban observers and its presence almost triggered some military action in and of itself.

About 4 or 5 days after we arrived at Guantanamo unfortunately, two marines walked into one of our own minefields in an effort to map it. The mines exploded very severely damaging both legs of both marines. I was called in from the underground hospital to attend to one of the marines and unfortunately there was very little that could be done with either of his lower legs. We ultimately had to amputate one leg through the knee and the other through the mid-thigh. Both of the marines recovered and after they were stabilized were sent back to the states for further convalescence. These were the only serious casualties of the Cuban Missile Crisis at Guantanamo of which I'm aware.

As we all know the Russians blinked and the Cuban Missile crisis was over and ended peacefully. All in all, we were in Guantanamo 3 or 4 weeks. When the crisis was clearly over we were returned to our primary duty stations in Bethesda. Upon my return, I resumed my usual surgical activities. Approximately a year later in November of 1963, John F. Kennedy was assassinated in Dallas. I was making rounds on Ward C at about 1:00 in the afternoon when I first heard that Kennedy had been shot. At that time we were told that Kennedy would be brought to Bethesda for treatment. No one knew clearly what his wounds were except one was supposed to be a chest wound and the other a head wound. We started to make preparations to receive Kennedy, but all too quickly we learned--within the next hour or two--that Kennedy had died in Dallas.

We then were told that his body would be brought to the Naval Hospital for autopsy. And indeed I can remember hearing and seeing the helicopter bearing the body and bringing

Jackie Kennedy to the Naval Hospital later that evening. My house was less than a mile from the hospital and we could see the helicopters coming in and landing on the front lawn of the hospital.

The autopsy was done by my good friend, Dave Hume and his associate Jay Boswell. Much has been written about this autopsy and what was said, or not said, etc. Much to his credit, Dave Hume refused to discuss the findings of the autopsy, because apparently, he was ordered not to discuss any of the findings and I was never able to entice him to tell me any of the details that I would have liked to have heard firsthand from his own mouth. Within the last year or so he has published an extensive interview in the *Journal of the American Medical Association*, relative to his findings and some of the disputes that occurred.

Prominent senators and congressmen were frequently housed on the 17th floor of the Tower of the Naval Hospital. It was interesting to see these congressmen vie for special rooms with special views of the area. They behaved just like children. One of the patients we had was Joe McCarthy. He came in on a number of occasions, suffering from acute alcoholic hepatitis and ultimately died in the Naval hospital with that diagnosis.

Another was a giant man from Tennessee, who's name I have forgotten. He was a congressmen, but just couldn't give up eating. He came in with acute cholecystitis and was really quite ill with fever and had much pain in his upper abdomen. He must have weighed, I would say, 350 or 400 pounds, just a big, fat man. It was close to Thanksgiving time, and he had to go or he felt he had to go attend a big banquet in his honor. So, he signed himself out against advice and went to the big banquet, ate a huge meal, came back in more sick than before and we did an emergency cholecystectomy on him.

On a more humorous vein, one of our other patients was Senator Everett Dirksen of Illinois. Dirksen had chronic cholecystitis and had several large gallstones which had been identified. We were asked to consider removing his gallbladder as a prophylactic measure. We tried on several occasions to catch him in bed. When senators were admitted to the hospital, they frequently conducted a lot of their business by phone or they went from room to room or they had meetings in conference rooms, etc., etc. We could never seem to catch him in his room. Finally, the Chief of Surgery, Dave Osborn and I as his Deputy Chief were able to corner him in his room and began to take a brief history and do a physical examination.

While we were doing this the phone rang and I was next to the phone. I picked up the phone and said, “Senator Dirksen’s room” and the person on the other end of the phone said, “May I speak to Senator Dirksen? This is the President calling.” And without thinking I said, “The president of what?” And at the other end of the line came, “The President of the United States.” And with that, I meekly handed the phone to Senator Dirksen. We stepped out of the room, and he was on the phone and in conference so that we were not able to complete our examination. He decided he didn’t want to have his gallbladder removed and so we never did see him further.

Early in 1964, I was promoted to captain. Shortly thereafter a Captain Edward P. Irons called and asked whether he could interview me. He was the commanding officer of the U.S. Naval Hospital in Memphis, and he was looking for a Chief of Surgery. He and I met and apparently hit it off reasonably well, because shortly thereafter I received orders as Chief of Surgery to the Naval Hospital in Memphis.

At this time, the Naval Hospital in Memphis had about 600 beds and was receiving a significant number of Vietnam casualties. The hospital itself is not actually in Memphis, but in a suburb about 15 miles north of Memphis called, Millington. The base is the home of the Naval Air Technical Training Command, where almost all Naval Air Technical Training occurs. This

is a base where some 5,000 sailors in training on it. The Naval Hospital as I have said was a fairly sizeable place.

It was typical World War II construction. One story wooden buildings arranged as limbs off a central corridor. The central corridor was probably half a mile long and the main administration building was set in front of this long line with wing going off at intervals all along this half mile corridor. It was so long that the OOD frequently made his evening rounds on a bicycle simply to cover the distance.

This was my first opportunity to have a surgical service all my own and I thoroughly enjoyed it. There were three other general surgeons, two orthopedic surgeons, one EMT surgeon, and I think that was it. We had probably all totaled some 200-250 surgical beds to care for in this hospital along with a significant group of dependents who needed surgical care.

This was also my first opportunity to live in Navy quarters and there was a grand large old house which was called, Quarters B, that we moved into with our two children. I think I neglected to say that our first child was adopted when we were in Philadelphia during my cardio-thoracic surgical training. Our adopted daughter came to us when we returned to Bethesda after my cardiac training.

The kids now were 4 and 6, respectively. Our move to Memphis came in early 1964 and we left Washington in a blinding snowstorm and drove through generally unpleasant winter type weather until we got to Memphis. When we got to Memphis there was a considerable amount of rain and the temporary quarters in which we were housed were surrounded by fields of mud. Our household effects arrived shortly thereafter, and we moved into our Quarters B, which we thoroughly enjoyed for the next 2 years.

There was a Naval Air Station as part of the base in Millington. They had a very nice flying club. I had always wanted to learn how to fly and took this opportunity to do so. I would get up at 4:00 or 4:30, go to airfield, meet an instructor and fly for an hour or an hour and a half, then return home in time to shower and shave and I was in the hospital by 8:00 o'clock. This drove my wife crazy because she was concerned for me and didn't like this particularly early rising routine, but she tolerated it with grace, and I achieved my private pilot's license and had some 90 hours of flying time in and around the Memphis area before I left Memphis. Memphis is a great place to learn to fly because the territory is flat as a flounder and if you have any troubles and you need to land, you can put your plane down almost anyplace.

The large number of casualties from Vietnam were causing the hospital to enlarge and at the same time there were plans to abandon this rambling wooden hospital and put up a new hospital. So, I was a participant in the design of the new hospital but left before it could be approved appropriated and built.

Naval Hospital, Memphis was a working hospital without a real teaching program. But I did become acquainted with the University of Tennessee surgery department in downtown Memphis and used large numbers of their faculty to participate in conferences at our hospital and to try and instill some of an academic viewpoint into the medical officers at the hospital.

During the last year that I was in the Naval Hospital at Memphis I was made executive officer, and this took me away from the operating room more than I would like, but the administrative experience was very helpful to me.

In August of 1966, I received orders to the U.S. Naval Hospital in Oakland, CA. Called by some the "Oak Knoll Naval Hospital." This, to me, was a really great assignment, because I had always wanted to be Chief of Surgery of a large Naval Hospital with a surgical residency training program. This was just such a hospital. This too was a World War II type hospital, built

on a country club golf course site, nestled into the hills above Oakland. Multiple separated wooden one-story buildings were scattered over the hillside and there was a network of roads that connected them. It was interesting to conceive of a hospital where you would have to put a patient in an ambulance to take him from his ward to the x-ray unit, or from his ward to the operating room, or from the operating room to the intensive care unit.

The way the patients were transported with a fleet of ambulances to laboratories or to x-ray facilities was a point of real amazement to me. But it had been going on forever and functioned quite reasonably well and nobody stationed there seemed to think it was odd or strange. Here again there was a major flood of casualties from Vietnam, perhaps because Oakland was closer to Vietnam than Memphis. The severity of the casualties we were seeing at Oak Knoll was significantly greater than what we had been seeing in Memphis.

Perhaps severity is not the right word. We were seeing them in a more acute phase, more closely related to the time of their injury in Vietnam. In Memphis we were seeing them after they had passed through multiple hospitals and were really in the later stages or phases of their recovery and rehabilitation.

Ed Irons who had been the CO of the Naval Hospital at Memphis had been ordered to be CO of the naval hospital in Yokosuka, Japan where I had been 4 years earlier. While in Yokosuka he was promoted to rear admiral and much to my surprise and delight returned to the states to be commanding officer to the Naval Hospital in Oakland. We had always gotten along very well, and I enjoyed serving with him in Oakland.

There was much unrest in the late '60's and very definite anti-war, anti-military demonstrations were occurring on an almost daily basis. The main gate of the naval hospital in Oakland was painted white and had a very white sentry box that was brightly illuminated at night. Across from the main gate was a hill shrouded in darkness. On more than one occasion our sentry who stood in this brightly lighted white box was shot at form across the hill. In addition, there were numerous bomb threats that were telephoned in for various buildings. The one I remember most vividly was the building that housed the OB service requiring us to evacuate the building to look for a bomb. No bomb was ever found but the unpleasant and the unreasonableness of somebody threatening a hospital with a bomb or firing at a hospital sentry really made me very, very angry.

As had happened in Memphis, plans for a new hospital were made for Oak Knoll. Obviously, the old wooden structures had long since served their purpose and needed to be replaced by more permanent brick and mortar. I was intimately involved in the design of the new 900-bed naval hospital at Oak Knoll and in about 1967 or '68 construction was started. We moved into the new hospital in the early fall of 1968 and I was made executive officer.

At about this time I was made aware that I was going to have to go to a new duty station and that my new duty would be as commanding officer of a hospital. This was a little upsetting to me because as a surgeon I really wanted to continue in the operating room. After all I was only 45 years old and had spent an awful lot of my life training to be a surgeon and felt at age 45 I was probably just beginning to peak as a surgeon.

In addition, I thoroughly enjoyed being chief of surgery at a teaching hospital with my own teaching program and felt that through my own initiative and with participation of some really marvelous associated surgeons we had developed a very, very fine program which was pretty heavily steeped in academic relations with neighboring institutions, such as the University of California, San Francisco, University of California, Davis, Stanford, etc.

In short, I really did not want to leave Oak Knoll and I certainly did not want to become a commanding officer of a hospital even though I knew it was essential for my career if I was to stay on in the Navy and hope to become an admiral.

Also, at this time I had close to 26 years of active military service under my belt and knew that I could retire with a very nice Navy retirement. Simultaneous with my thoughts and lack of desire to be commanding officer of a naval hospital, I received an offer from the Surgery Department of the University of Tennessee to join the faculty there as an associate professor. This would allow me to continue with my teaching and would allow me to continue to be active in the operating room. It would also allow me to take advantage of the Navy's excellent retirement program. After a lot thought and, I have to say some significant regrets, I decided to retire from the U.S. Navy and did so on 1 April 1969.

In those days the sword drill was a mandatory part of the formal change of command ceremony which was held out of doors in the parade ground near the flagpole. This was the first occasion that I ever had to use my sword in a formal drill. As a matter of fact, my sword had been given to me by a relative some 10 years previously and I had never had the occasion to use it, even though I believe I had worn it on one or two occasions.

In any event, about a week before the change of command ceremony and after I had been practicing the sword drill in my office for weeks and weeks, I was playing touch football with the corpsmen on one of our regular outings. I slipped and fell on my wrist, breaking both bones of my left wrist. This required me to have my left arm in a cast and made getting in and out of uniform somewhat difficult and totally impossible for dress whites, which was to be the uniform for the upcoming change of command ceremony. Since I am right-handed actual execution of the manual of arms of the sword was not difficult, but I had to find a way to get my left arm into the uniform and be able to hold it straight down against my side during marching and during execution of the various sword maneuvers.

In any event, I talked to one of my orthopedic surgical friends, Scott Husby into taking my cast off for the morning of the change of command ceremony. I was then able to get into my uniform, execute my duties as battalion commander, swinging my sword around in all directions, and then after the change of command ceremony I had my cast reapplied and my arm healed without further event.

We moved out of our delightful quarters, high on the hill above the hospital in late March of 1969. We spent a night or two down in the old clubhouse which has become the officers' club, and on the morning of 1 April 1969 left Oak Knoll and the Navy forever. As we drove off, near the main gate, there was a little marquis and they had put up the letters SMOOTH SAILING, CAPTAIN R. P. DOBBIE.

As we left, my wife, I and our children felt that an important exciting and wonderful chapter of our life was closing and though we were excited about our new adventure we knew we were leaving a part of our life that was extremely precious to us. My Navy experience was really very marvelous. I met some great, great people and, made some marvelous, long-term friends. I also felt that my medical and surgical practice was on the very cutting edge of the best of medical care anywhere. I had the opportunity to grow and expand beyond my wildest dreams with foreign travel, meeting a variety of high ranking and successful individuals from many walks of life, and had the opportunity to travel and live in many parts of the United States as well as parts of Europe. All in all, I really, really enjoyed my Navy career.

When I entered medical school, it had never occurred to me to become a career military physician. As a matter of fact, at that particular time career military physicians were looked

down upon by the rest of the medical profession. Circumstances and a variety of pleasant experiences, however encouraged me to stay on and stay on and stay on accepting additional training with further obligation, but then also staying on and completing a full 26 years of active military service.

Two of those 26 years were in the Army ROTC and probably were counted. But for retirement purposes I had in excess of 26 years of active duty. I have never regretted my Navy experience and would highly recommend it to anyone even now and even though I am concerned about the future of Navy medicine.

My only real regret is that once you retire as a regular naval officer, there is no place for you to participate in the Navy other than as a member of the Navy League. I think this is a great and tragic mistake, because as I said I retired when I was 45. I would have loved to have continued in a reserve capacity in some way so I could renew acquaintances and would have thoroughly enjoyed 2 weeks on a summer cruise or 1 weekend every month of some kind of naval duty or naval activity. In spite of multiple efforts to try and encourage Navy officials to adopt this approach nothing has ever come of it and to the best of my knowledge once you are retired as a regular Navy officer that's the end of it. This to me is a great waste, particularly of medical talent.

As I have said, I left the Navy in 1969 to become a faculty member of the Surgery Department of the University of Tennessee. I was an associate professor and then a professor of surgery in Memphis for the next 10 years.

In May of 1979, I was made an offer I could not resist by Baxter Travenol Laboratories to become a Medical Director. After some 30 years south of the Mason-Dixon Line, if you project the line around the world, I returned to Yankee land and accepted the position in the Chicago area in the Suburb of Deerfield, IL.

From 1979 to 1990, I served as Medical Director for multiple divisions of Baxter Travenol and then retired from that position to become a consulting medical director still working with several divisions of the Baxter empire, which is now called Baxter International.

If I look back, I have had four fascinating careers. After completing my surgical training, I spent 20 plus years as a career Navy surgeon. Then I spent 10 years at an academic surgeon and professor at the University of Tennessee. And then I had an additional 10 years as a senior medical director for a large health care company. And now, in my fourth career I am a consulting physician working with a number of very, very interesting projects.

Now, in my 71st year I enjoy a little more leisure time, but I thoroughly enjoy interacting with young people and participating in many different aspects of health care and will probably do so until I die.